FS 2.60/9:16/9

NATIONAL COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 16, No. 9

WEEKLY REPORT

Week Ending March 4, 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL

CONTENTS

Current Trends
Measles – 1967 69
Epidemiologic Notes and Reports
Salmonellosis – New Mexico 70
Surveillance Summary
Hepatitis – Summer and Fall Quarters, Epidemiologic Year 1966-67 71
International Notes
Quarantine Measures 76

CURRENT TRENDS
MEASLES – 1967

Figure 1, which has appeared in all except one issue of the 1967 MMWR, has been changed in this issue to permit an extension through May 1967 of the time period covered by this graph. To do so, it was necessary to omit the initial weeks (October 15 through December 3, 1966) of the epidemiologic year during which there was comparatively little difference in the epidemiologic curves. The ordinate (vertical) scale of the graph has been reduced by one-half.

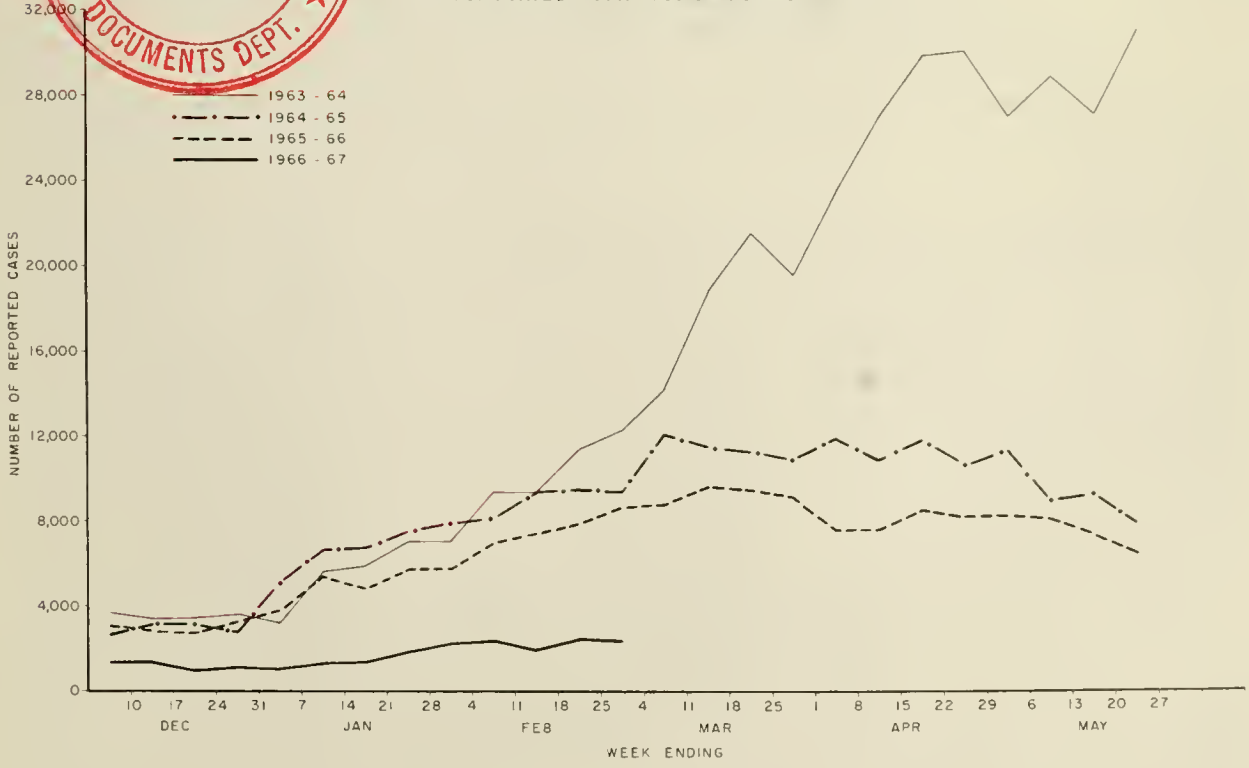
The total of 2,390 cases* of measles reported for the 9th week of 1967 (ending March 4) represents a decrease of 75 cases when compared to the total of 2,465 reported

(Continued on page 70)

*Report from Alaska not included.

UNIVERSITY OF FLORIDA LIBRARIES
JUL 1967
DOCUMENTS DEPT.

Figure 1
REPORTED MEASLES IN THE UNITED STATES, 1966-67
COMPARED WITH 1963-64 TO 1965-66



MEASLES – 1967 *(Continued from front page)*

for the preceding week and 6,274 cases less than the total of 8,664 cases reported for the comparable week of 1966. Four states reported 57 percent of the cases for the 9th week: Arkansas-195; California-242; Texas-755; and Washington-168. The number of reported cases by week for the period December 4 through March 4 is shown in Figure 1 (page 69).

(Reported by the Childhood Viral Diseases Section, Epidemiology Program, NCDC.)

EPIDEMIOLOGIC NOTES AND REPORTS

SALMONELLOSIS – New Mexico

Between October 30, 1966, and January 20, 1967, *Salmonella thompson* has been isolated from 97 individuals residing in Rio Arriba, Santa Fe, Sandoval, and Bernalillo Counties in New Mexico. The epidemic curve reached its peak during the week ending January 7, 1967.

Of the 97 individuals with positive stool specimens, 41 have been interviewed. Beef jerky (carne seca) has been incriminated in 38 of these 41 interviews. The beef jerky processed at one local company in Albuquerque has been specifically named as the brand eaten by 21 persons; in nine other instances, stores have been named which sell the same brand as well as other brands. Two of the 41 persons interviewed are believed to have no relation to the current epidemic.

Salmonella thompson has also been isolated from numerous samples of beef jerky. All positive samples of the jerky were processed in Bernalillo County, with the exception of one from out of state.

Recommendations have been made by the New Mexico Department of Health to the food industries involved regarding methods of safe and sanitary production of beef jerky.

Further investigations are in progress.

(Reported by Dr. Daniel E. Johnson, Chief, Public Health Laboratory, and Dr. Thomas H. Tomlinson, Jr., Associate Director of Human Factors, New Mexico Department of Public Health; and two EIS Officers.)

Editorial Note:

Beef jerky is thinly sliced beef which has been treated with preservatives and thoroughly heated and dried. The meat is first sliced so it will have a maximum thickness of 1/8-inch at the end of the drying process. After the slices are uniformly salted, they are placed in single layers on metal racks in a drying chamber or room which should have a minimum temperature of 165°F for the first hour and a minimum of 145°F for an additional 24 hours. Final packing and labeling is often done in the same work area in which the meat was prepared for drying. The product needs to be carefully protected against contamination during the entire process since jerky is ordinarily eaten without further processing or cooking.

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	9th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 9 WEEKS		
	MARCH 4, 1967	MARCH 5, 1966	1962 - 1966	1967	1966	MEDIAN 1962 - 1966
Aseptic meningitis	22	29	27	236	258	231
Brucellosis	4	4	4	30	34	51
Diphtheria	1	4	4	25	25	35
Encephalitis, primary:						
Arthropod-borne & unspecified	21	19	- - -	192	209	- - -
Encephalitis, post-infectious	19	20	- - -	92	138	- - -
Hepatitis, serum	37	21	955	318	186	8,431
Hepatitis, infectious	823	784		6,966	6,452	
Malaria	53	5	1	319	48	18
Measles (rubeola)	2,390	8,664	12,273	17,587	57,056	71,382
Meningococcal infections, total	61	125	79	524	826	514
Civilian	48	110	- - -	484	696	- - -
Military	13	15	- - -	40	130	- - -
Poliomyelitis, total	1	—	—	1	2	9
Paralytic	1	—	—	1	1	5
Rubella (German measles)	1,209	1,489	- - -	7,400	9,771	- - -
Streptococcal sore throat & scarlet fever	14,662	13,089	12,202	106,654	97,449	90,321
Tetanus	1	1	4	26	18	32
Tularemia	1	2	2	19	40	43
Typhoid fever	6	8	8	47	44	59
Typhus, tick-borne (Rky. Mt. spotted fever)	—	—	—	6	8	3
Rabies in animals	100	73	73	690	646	636

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	—	Rabies in man	—
Botulism	—	Rubella, Congenital Syndrome	—
Leptospirosis: La.-2	8	Trichinosis: Wash.-1	14
Plague	—	Typhus, murine	4
Psittacosis	7		

SURVEILLANCE SUMMARY
HEPATITIS – Summer and Fall Quarters
Epidemiologic Year 1966-67*

During the summer quarter (July 3 - October 1) of the current epidemiologic year 1966-67, 7,298 cases of viral hepatitis were reported in the United States. During the fall quarter (October 2 – January 1) 9,150 cases were reported. These represent rates of 3.7 and 4.6 cases per 100,000 population for the two quarters, respectively. Tables 1 and 2 show the numbers of cases and rates, respectively, for these two quarters in relation to those for the last 8 epidemiologic years.

Figure 2 presents the number of reported cases per 100,000 population by 4-week periods from July 1952 through December 1966. The overall pattern since 1960-61 has been one of continuing decline in incidence; the downward trend, however, has been less marked since 1964-65.

Since the peak summer quarter incidence in 1961-62 (7.8), successive summer quarters through 1966-67 reflect a continuing decline in rates. Although a similar pattern has generally been observed for corresponding years in the fall quarters, the rate noted in the fall of 1966-67 (4.6) was greater than that of the fall for the previous year(4.2).

Subsequent to the peak year (1953-54) of the first epidemic cycle, the downward trend in rates during successive fall quarters was reversed in 1958-59. The fall quarter rate rose to 2.3 from the rate of 1.6 noted during the 1957-58 fall quarter; this reversal took place 2 years before the peak of the second cycle of 1960-61. If the same pattern were to continue as in the 2 years prior to the peak year 1960-61, one might expect an increasing incidence over the next 2 years with another peak occurring in the epidemiologic year 1968-69.

(Reported by the Hepatitis Unit, Epidemiology Program, NCDC.)

*Hepatitis morbidity data are summarized in terms of an "Epidemiologic year," which runs from the 27th week of each year through the 26th week of the succeeding year.

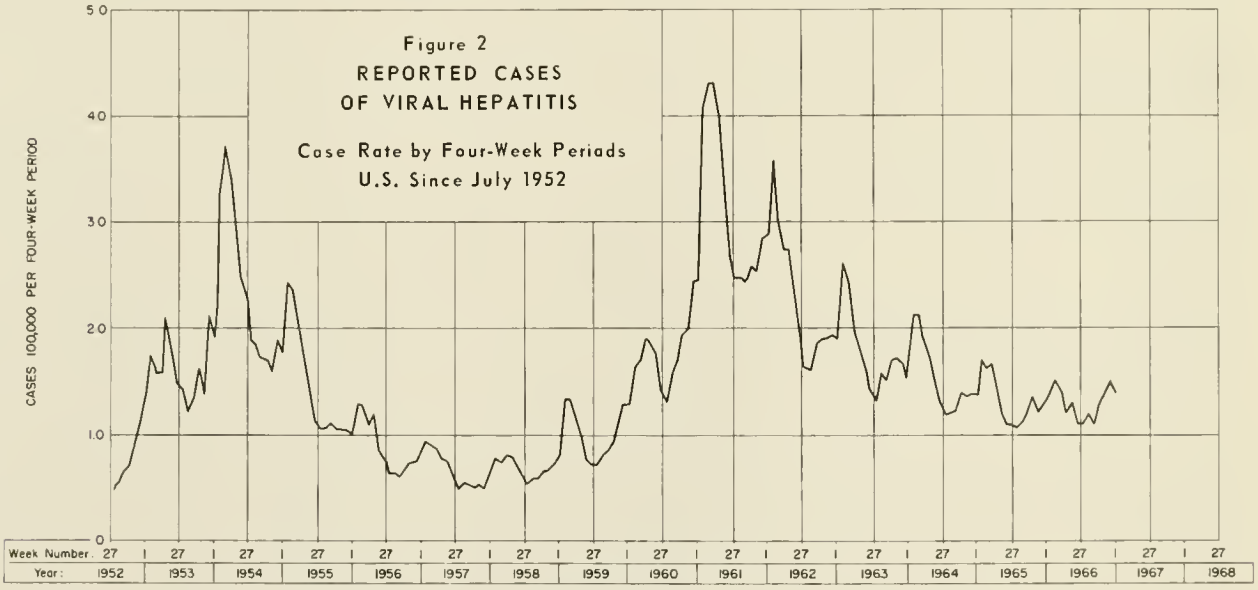


Table 1
Number of Reported Cases of Viral Hepatitis Per Quarter
(Values include revised and delayed weekly reports through current week)

Epidemiologic year	Summer Quarter	Fall Quarter	Winter Quarter	Spring Quarter	Total Year
1956-57	3,469	4,115	5,019	3,938	16,541
1957-58	2,925	2,782	4,414	3,876	13,997
1958-59	3,262	4,243*	7,088	4,864	19,457
1959-60	4,630	6,434	9,793	9,917	30,774
1960-61	8,940	12,403	23,026	19,898	64,267
1961-62	14,229	15,637	18,028	13,626	61,520
1962-63	10,273	11,383	13,805	9,861	45,322
1963-64	8,969	10,256	12,118	9,330	40,673
1964-65	7,590	9,350*	10,311	7,876	35,127
1965-66	7,361	8,100	9,208	7,744	32,413
1966-67	7,298	9,150			

*14-week periods

Table 2
Reported Cases of Viral Hepatitis Per 100,000 Population Per Quarter
(Population as of January 1, middle of epidemiologic year)

Epidemiologic Year	Summer Quarter	Fall Quarter	Winter Quarter	Spring Quarter	Total Year
1956-57	2.1	2.4	2.9	2.3	9.7
1957-58	1.7	1.6	2.5	2.2	8.0
1958-59	1.9	2.3	4.0	2.7	10.9
1959-60	2.6	3.6	5.4	5.5	17.1
1960-61	5.0	6.9	12.6	10.9	35.4
1961-62	7.8	8.5	9.7	7.3	33.3
1962-63	5.5	6.1	7.3	5.2	24.1
1963-64	4.8	5.4	6.3	4.9	21.4
1964-65	4.0	4.5	5.3	4.1	17.9
1965-66	3.8	4.2	4.8	4.1	16.9
1966-67	3.7	4.6			

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
MARCH 4, 1967 AND MARCH 5, 1966 (9TH WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			
					Primary including unsp. cases		Post-Infectious	Serum		Infectious	
	1967	1966	1967	1967	1967	1966	1967	1967	1966	1967	1966
UNITED STATES...	22	29	4	1	21	19	19	37	21	823	784
NEW ENGLAND.....	-	-	-	-	5	-	2	3	1	31	25
Maine.....	-	-	-	-	1	-	-	-	-	3	9
New Hampshire.....	-	-	-	-	-	-	-	-	-	-	3
Vermont.....	-	-	-	-	-	-	-	-	-	2	2
Massachusetts.....	-	-	-	-	1	-	-	-	-	20	8
Rhode Island.....	-	-	-	-	2	-	-	2	1	2	2
Connecticut.....	-	-	-	-	1	-	2	1	-	4	1
MIDDLE ATLANTIC.....	1	1	-	-	3	6	1	23	13	147	120
New York City.....	1	-	-	-	1	3	-	16	8	41	19
New York, Up-State.	-	1	-	-	1	-	-	2	1	31	32
New Jersey.....	-	-	-	-	-	3	-	4	2	26	19
Pennsylvania.....	-	-	-	-	1	-	1	1	2	49	50
EAST NORTH CENTRAL...	1	5	-	-	1	3	4	1	2	126	213
Ohio.....	1	-	-	-	1	2	-	1	1	17	36
Indiana.....	-	2	-	-	-	-	-	-	-	28	7
Illinois.....	-	1	-	-	-	-	2	-	-	25	47
Michigan.....	-	2	-	-	-	1	2	-	1	44	115
Wisconsin.....	-	-	-	-	-	-	-	-	-	12	8
WEST NORTH CENTRAL...	-	1	2	-	1	2	1	-	1	59	37
Minnesota.....	-	1	-	-	-	-	-	-	1	8	5
Iowa.....	-	-	1	-	-	1	-	-	-	8	15
Missouri.....	-	-	1	-	1	-	-	-	-	42	16
North Dakota.....	-	-	-	-	-	-	-	-	-	-	-
South Dakota.....	-	-	-	-	-	-	1	-	-	1	-
Nebraska.....	-	-	-	-	-	1	-	-	-	-	-
Kansas.....	-	-	-	-	-	-	-	-	-	-	1
SOUTH ATLANTIC.....	2	4	2	-	2	1	2	2	-	64	86
Delaware.....	-	1	-	-	-	-	-	-	-	2	2
Maryland.....	-	-	-	-	-	1	1	1	-	20	18
Dist. of Columbia..	-	1	-	-	-	-	-	-	-	1	-
Virginia.....	-	-	1	-	1	-	-	-	-	7	22
West Virginia.....	1	-	-	-	-	-	-	-	-	-	6
North Carolina.....	1	-	-	-	1	-	-	1	-	11	11
South Carolina.....	-	1	-	-	-	-	-	-	-	2	2
Georgia.....	-	-	1	-	-	-	-	-	-	7	3
Florida.....	-	1	-	-	-	-	1	-	-	14	22
EAST SOUTH CENTRAL...	1	3	-	-	-	-	1	2	-	70	84
Kentucky.....	-	1	-	-	-	-	-	-	-	40	47
Tennessee.....	-	1	-	-	-	-	1	1	-	17	28
Alabama.....	1	1	-	-	-	-	-	1	-	6	5
Mississippi.....	-	-	-	-	-	-	-	-	-	7	4
WEST SOUTH CENTRAL...	3	7	-	-	2	3	3	-	1	90	70
Arkansas.....	-	-	-	-	-	1	-	-	-	8	8
Louisiana.....	-	2	-	-	2	-	-	-	-	12	11
Oklahoma.....	1	-	-	-	-	-	-	-	-	11	-
Texas.....	2	5	-	-	-	2	3	-	1	59	51
MOUNTAIN.....	1	1	-	-	-	2	-	-	-	26	32
Montana.....	-	-	-	-	-	1	-	-	-	1	4
Idaho.....	-	-	-	-	-	-	-	-	-	6	1
Wyoming.....	-	-	-	-	-	1	-	-	-	1	4
Colorado.....	1	-	-	-	-	-	-	-	-	3	8
New Mexico.....	-	-	-	-	-	-	-	-	-	2	7
Arizona.....	-	1	-	-	-	-	-	-	-	5	6
Utah.....	-	-	-	-	-	-	-	-	-	8	2
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	13	7	-	1	7	2	5	6	3	210	117
Washington.....	1	-	-	-	-	-	-	-	-	18	5
Oregon.....	-	-	-	1	-	-	-	-	-	35	9
California.....	10	5	-	-	7	2	5	6	3	156	101
Alaska.....	---	-	---	---	---	-	---	---	-	---	2
Hawaii.....	2	2	-	-	-	-	-	-	-	1	-
Puerto Rico	-	-	-	-	-	-	-	-	-	25	13

MEASLES ERADICATION 1967

INTRODUCTION

The development of a live, attenuated measles virus vaccine by Dr. John F. Enders and colleagues and the vaccine's licensing in 1963 heralded the eventual elimination of measles as a disease of childhood in the United States. On November 1, 1966, Dr. William H. Stewart, Surgeon General of the Public Health Service, U.S. Department of Health, Education, and Welfare, challenged medical, public health, and other groups responsible for health care to eradicate measles in 1967. Dr. Stewart emphasized four major targets in the development of plans for achieving success:

1. Routine immunization of all children when they are one year old. Nearly all health departments have measles vaccine available for those who cannot afford it.
2. Immunization of any susceptible children found in kindergartens, first, and second grades.
3. The development of improved reporting systems for finding out when and where measles cases occur, so more effective control measures can be designed.
4. The stopping of epidemics where not enough children have been vaccinated by launching crash immunization programs. Epidemics of measles need no longer be tolerated in the United States.

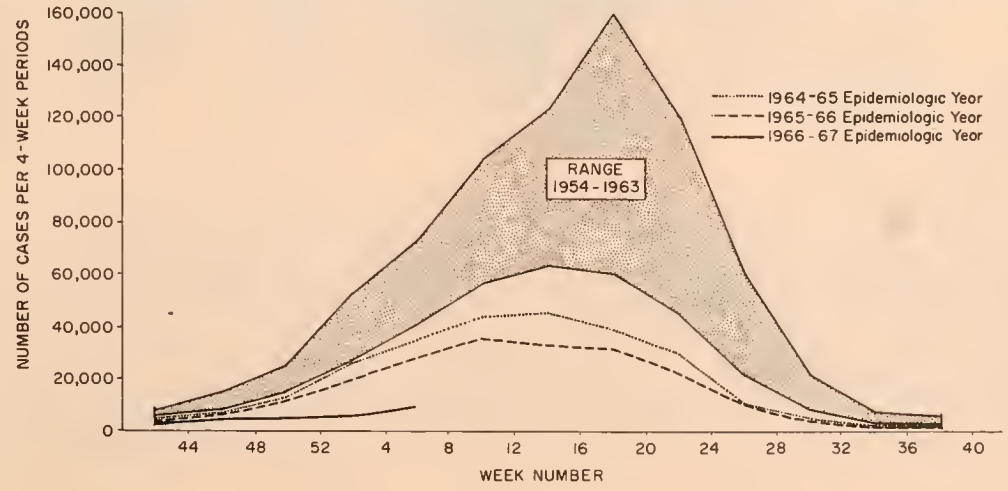
The *Morbidity and Mortality Weekly Report* has enlarged its regular coverage of measles to present an up-to-date appraisal of what is clearly an unprecedented period in preventive medicine. Never before has the eradication of an important communicable disease been readily within reach. The enthusiastic and collaborative efforts of the medical, public health, and allied professions have set this effort into unique perspective among the cooperative health activities for which the United States has become recognized.

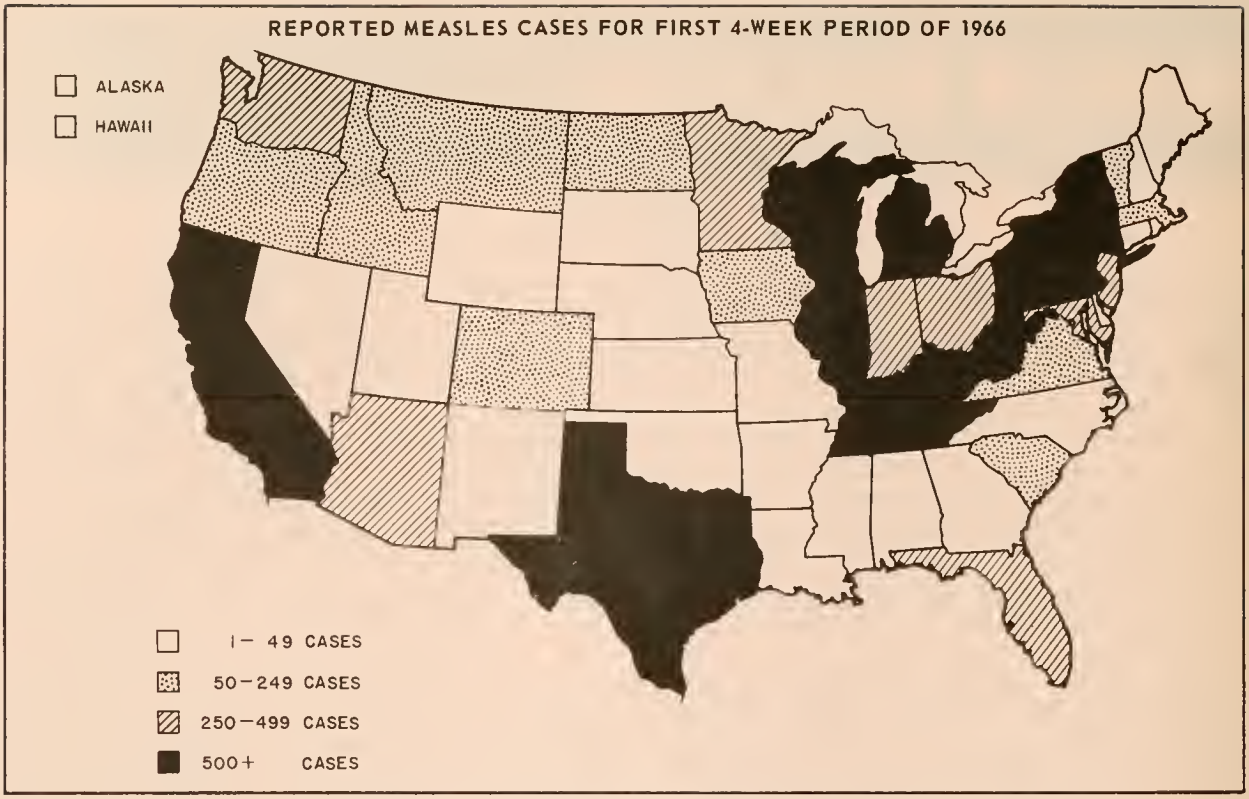
The present *MMWR* supplement has been prepared to keep readers informed generally of the status of measles eradication and its broader implications. The *MMWR* as an archive is not a suitable vehicle for describing much of the evolution of the measles eradication campaign. Supplements similar to the present one will be included intermittently in the *MMWR* during the coming months, and will be directed toward broader interpretations and coverage of the total measles eradication effort. The *MMWR* will, of course, continue to emphasize measles surveillance in its regular reviews.

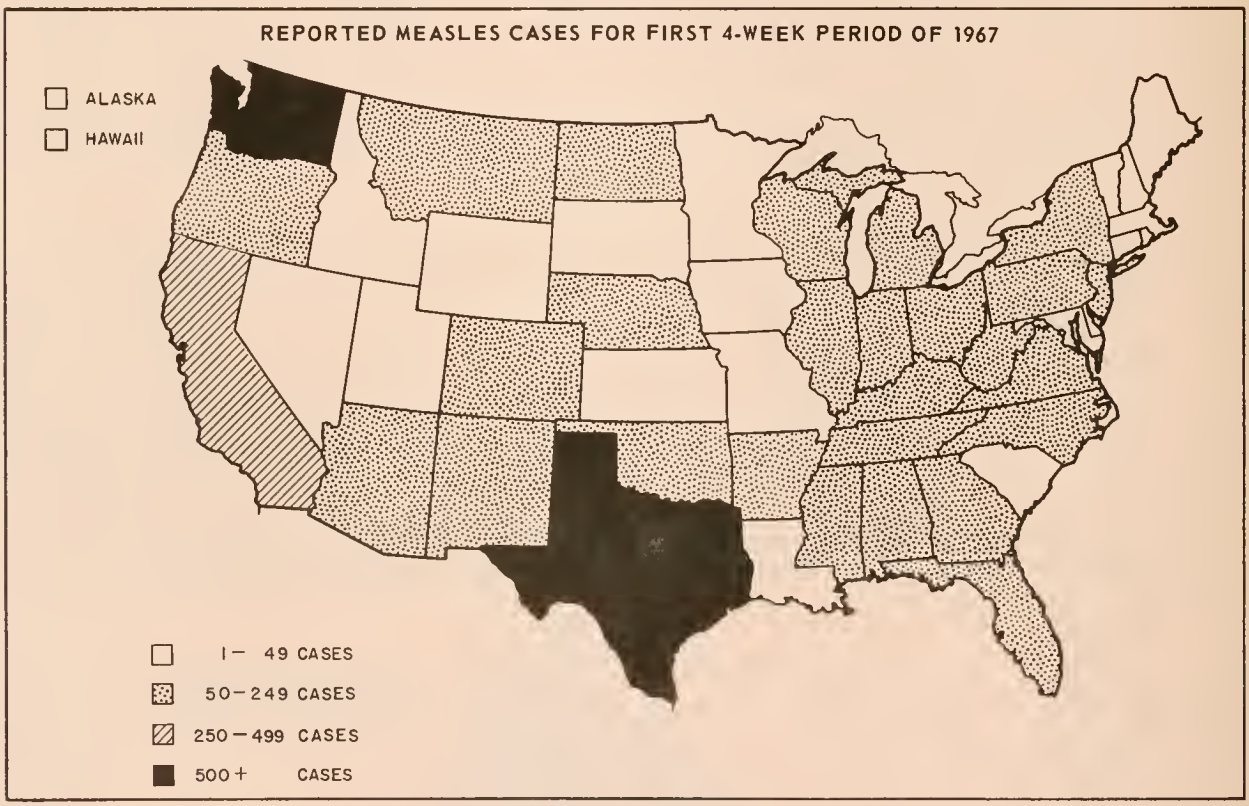
The seasonal characteristic of measles, with a peak in reported cases occurring in the late winter of each year, is shown in the chart below. From 1954 through 1963, the decade before measles vaccine became available, the number of reported cases ranged annually from a low of nearly 400,000 to a high of more than 700,000. Since 1963, when measles vaccine was licensed, there has been a gradual but constant decline in total cases and a tendency for the curve to flatten.

The number of cases reported in recent weeks reflects the lowest incidence since measles data first began to be compiled early in the century. Through 1966, an estimated 20 million doses of measles vaccine have been distributed in the United States. Most of these have been used by private practitioners in infants and small children. An estimated additional 8 to 10 million susceptible children must be immunized in 1967 if eradication is to be achieved.

REPORTED CASES OF MEASLES BY FOUR-WEEK PERIODS, UNITED STATES
EPIDEMIOLOGIC YEARS, 1964-65, 1965-66 AND 1966-67 COMPARED WITH 10-YEAR PERIOD, 1954-63







The two U.S. maps show the geographical extent of reported cases of measles in early 1967, when the eradication efforts were beginning, compared with the same time period in 1966. Arbitrary levels of reported numbers of cases rather than rates are presented for simplicity. It is evident that the disease is still occurring widely, although the relative amount is noted to be lower.

Twenty-one States show a lower level of reported measles cases in 1967, twenty are unchanged, and only nine States have increased to a higher level. A more detailed analysis of reporting data indicates that epidemics in a few particular counties of the State often account for the bulk of its reported cases.

MEASLES ERADICATION PLANNING

The basic responsibility for measles eradication resides with the medical and public health professions and official agencies which contribute to the Nation's health. Surgeon General William H. Stewart charged the National Communicable Disease Center to coordinate the efforts of the Public Health Service and to assist in formulating plans to support programs developed generally by organized medicine and public health.

Already many of the Nation's professional groups have endorsed the concept of measles eradication in 1967 and offered their active support. Statements from some of them are abstracted in the present supplement. A large number of voluntary health, civic, and fraternal organizations have also given their enthusiastic encouragement and assistance in developing community measles eradication activities.

Federal support for measles eradication beyond the coordinative efforts of the NCDC has been developed. The Immunization Program, NCDC, which administers the Vaccination Assistance Act of 1962, offers direct assistance through its established project grants to 42 States and 62 local or urban areas. Under its authority, measles vaccine is provided for preschool children as part of a comprehensive immunization program. A stockpile of vaccine is maintained at the Center to be used by States in helping to control measles epidemics. This often becomes the initial phase of broader community measles immunization programs. The Children's Bureau of the Welfare Administration is encouraging use of its grant funds for purchase of measles vaccine for children not eligible under the Vaccination Assistance Act. The Office of Education is urging schools to participate in the planning and implementation of measles eradication programs as part of total community efforts. The Surgeon Generals of the Armed Forces have implemented comprehensive measles immunization programs among dependents of military personnel.

Promotional efforts for measles eradication are largely being developed as part of State and local programs. In addition, a national awareness of measles eradication is indicated by the coverage in medical and public health journals and in a great variety of news and health related publications.

For example, *Peanuts,* the popular comic strip drawn by Charles Schulz, dealt with measles immunization on six successive days. These strips appeared early in 1967, examples of which are reprinted by permission of United Feature Syndicate, Inc. To Dr. Mary Jean Trudeau, Immunization Project Leader of the California State Department of Public Health goes credit for stimulating the cartoonist's interest in measles immunization.

© United Feature Syndicate, Inc. 1967

MY ARM HATES TO GET SHOTS
TELL YOUR ARM NOT TO WORRY... HERE, READ THIS...
PEANUTS
"MEASLES IS THE MOST COMMON AND SERIOUS 'CHILDHOOD DISEASE'!"....HMM...
1-5
"COMPLICATIONS ARE MIDDLE-EAR INFECTIONS, PNEUMONIA AND EVEN BRAIN DAMAGE"....WOW!
DID YOU HEAR THAT, ARM? IT'S GOING TO BE WORTH IT!
WHAT ARE YOU PUTTING ON MY ARM? WHAT ARE YOU DOING?
PEANUTS
1-6
IS THAT THE NEEDLE? IS THAT IT? ARE YOU DOING IT NOW? WHAT HAPPENED TO SUGAR CUBES?
WHERE'S THE NEEDLE? WHERE'S MY ARM? WHAT ARE YOU.. AAUGH!
WE JUST SHOT THE MEASLES!
SO WE WENT OVER TO OUR PEDIATRICIAN'S, SEE...
PEANUTS
AND LUCY AND I BOTH GOT MEASLES SHOTS...NOW, WE'LL NEVER GET MEASLES, ISN'T THAT GREAT?
ISN'T IT WONDERFUL THAT SUCH A VACCINE HAS BEEN DEVELOPED SO THAT CHILDREN DON'T HAVE TO GET MEASLES, AND...
I KNOW WHAT YOU'RE HINTING!!

The American Medical Association's Council on Environmental and Public Health has called attention to the seriousness of measles and has urged immediate concerted action: "The great cyclic waves of the disease can be expected to continue among children unless better use is made of available vaccines . . .

"Now is the time for concerted action, and physicians should take the initiative before another winter-spring season of greatest incidence arrives. Each medical society ought to alert its members. Each can work with the health groups, the governmental agencies, and the communities in its area to review the situation, to plan cooperatively and act to immunize all the susceptibles against measles.

"Many but not all of the susceptibles can be reached within the private practice of medicine. For the rest of the children, however, some direct community immunization program is usually necessary. Otherwise susceptible children will be missed and will remain a problem in future years."

The Report of the Committee on the Control of Infectious Diseases, **American Academy of Pediatrics** is in agreement: "Measles can be the next infectious disease to be eliminated from the United States . . . To eliminate it, we need only take the last step in the long chain of events which leads eventually to the control of an infectious disease, i.e., public acceptance and use of vaccines now available. All physicians and public health personnel are urged to immunize all susceptible children."

The Public Health Service Advisory Committee on Immunization Practices "strongly urged all health authorities to take further effective action toward the goal of measles eradication from the United States during 1967."

A similar statement by the Executive Committee of the **Conference of State and Territorial Epidemiologists** concluded that "it is possible that measles can be eradicated in the United States. To accomplish this purpose it is incumbent on state health departments, state medical societies, local health departments and local medical societies to exert leadership in measles surveillance and immunization activities."

The American Public Health Association says "Among our children today, measles is a major cause of morbidity, an important cause of death and a not infrequent cause of brain damage. We now have the technical resources available which can, if they are appropriately applied, quickly eliminate this disease from our population.

The Surgeon General of the Public Health Service has announced the initiation of a program of measles eradication.

The American Public Health Association applauds this action and urges all official health agencies to move rapidly and vigorously in the implementation of this program in collaboration with their colleagues in the health professions and with voluntary health agencies."

In a recent resolution, **The American School Health Association** asserted:
"Measles is a serious disease with many complications. In the past measles has killed hundreds of children each year and left many others with handicapping conditions. Now there is no longer any reason for any child to die or suffer disability from measles. An effective vaccine is available and once a child is immunized, lasting protection is provided. Medical and health authorities are now agreed that measles can be eradicated within the foreseeable future if all concerned unite in a concerted attack on this disease. Accordingly the American School Health Association pledges its support to the measles eradication programs currently being sponsored by the American Medical Association and the Public Health Service of the United States Department of Health, Education, and Welfare. Also, the Association urges each of its members – physicians, nurses, health educators and others – to join with their local medical and health agencies in a vigorous campaign to eradicate measles throughout the United States."

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MARCH 4, 1967 AND MARCH 5, 1966 (9th WEEK) - CONTINUED

AREA	MALARIA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			POLIOMYELITIS			RUBELLA
			Cumulative			Cumulative		Total	Paralytic		
	1967	1967	1967	1966	1967	1967	1966	1967	1967	Cum. 1967	1967
UNITED STATES...	53	2,390	17,587	57,056	61	524	826	1	1	1	1,209
NEW ENGLAND.....	6	5	135	720	1	17	45	-	-	-	78
Maine.....	-	-	8	94	-	1	3	-	-	-	10
New Hampshire.....	-	-	-	9	-	-	7	-	-	-	1
Vermont.....	-	4	21	153	-	-	1	-	-	-	-
Massachusetts.....	6	-	66	292	-	6	19	-	-	-	16
Rhode Island.....	-	-	20	36	-	-	2	-	-	-	5
Connecticut.....	-	1	20	136	1	10	13	-	-	-	46
MIDDLE ATLANTIC.....	5	75	613	8,127	11	70	97	1	1	1	42
New York City.....	-	10	98	4,018	1	12	16	1	1	1	24
New York, Up-State.	1	21	154	877	2	20	19	-	-	-	17
New Jersey.....	2	22	147	793	7	29	34	-	-	-	-
Pennsylvania.....	2	22	214	2,439	1	9	28	-	-	-	1
EAST NORTH CENTRAL...	3	209	1,496	23,424	3	48	125	-	-	-	231
Ohio.....	2	37	244	1,480	2	17	33	-	-	-	20
Indiana.....	-	26	189	1,612	-	5	16	-	-	-	16
Illinois.....	1	34	174	5,021	-	9	29	-	-	-	29
Michigan.....	-	44	324	3,461	-	12	35	-	-	-	71
Wisconsin.....	-	68	565	11,850	1	5	12	-	-	-	95
WEST NORTH CENTRAL...	3	77	785	2,360	3	26	47	-	-	-	50
Minnesota.....	-	1	29	801	-	5	9	-	-	-	-
Iowa.....	-	38	155	940	-	3	9	-	-	-	46
Missouri.....	3	-	15	139	1	8	16	-	-	-	2
North Dakota.....	-	34	298	443	-	-	3	-	-	-	2
South Dakota.....	-	1	16	2	1	4	1	-	-	-	-
Nebraska.....	-	3	272	35	1	5	3	-	-	-	-
Kansas.....	-	NN	NN	NN	-	1	6	-	-	-	-
SOUTH ATLANTIC.....	14	192	1,846	4,418	13	104	143	-	-	-	94
Delaware.....	-	1	16	57	-	4	-	-	-	-	2
Maryland.....	-	9	37	799	1	14	17	-	-	-	46
Dist. of Columbia..	-	2	6	235	-	-	-	-	-	-	1
Virginia.....	5	43	470	355	-	11	15	-	-	-	5
West Virginia.....	-	39	412	I,871	-	11	5	-	-	-	12
North Carolina.....	4	44	446	51	7	25	30	-	-	-	-
South Carolina.....	1	6	30	212	2	7	25	-	-	-	1
Georgia.....	4	-	9	93	-	11	21	-	-	-	-
Florida.....	-	48	420	745	3	21	30	-	-	-	27
EAST SOUTH CENTRAL...	-	191	2,397	6,838	7	57	76	-	-	-	113
Kentucky.....	-	48	846	2,583	2	16	43	-	-	-	88
Tennessee.....	-	63	732	3,689	3	26	18	-	-	-	24
Alabama.....	-	52	386	423	1	9	12	-	-	-	1
Mississippi.....	-	28	433	143	1	6	3	-	-	-	-
WEST SOUTH CENTRAL...	1	1,006	5,799	4,538	10	87	127	-	-	-	41
Arkansas.....	-	195	1,100	102	3	4	7	-	-	-	3
Louisiana.....	1	2	30	40	5	36	46	-	-	-	-
Oklahoma.....	-	54	915	58	1	4	4	-	-	-	-
Texas.....	-	755	3,754	4,338	1	43	70	-	-	-	38
MOUNTAIN.....	6	156	1,117	2,583	-	13	32	-	-	-	84
Montana.....	-	6	167	408	-	-	2	-	-	-	8
Idaho.....	-	19	126	344	-	1	I	-	-	-	-
Wyoming.....	-	-	12	45	-	-	1	-	-	-	-
Colorado.....	6	30	226	233	-	6	19	-	-	-	64
New Mexico.....	-	33	176	64	-	3	4	-	-	-	-
Arizona.....	-	52	226	1,393	-	1	4	-	-	-	8
Utah.....	-	16	61	92	-	1	-	-	-	-	4
Nevada.....	-	-	123	4	-	1	1	-	-	-	-
PACIFIC.....	I5	479	3,399	4,048	13	102	134	-	-	-	476
Washington.....	1	168	1,761	1,074	1	7	9	-	-	-	65
Oregon.....	-	54	448	320	2	10	5	-	-	-	46
California.....	8	242	1,086	2,614	10	83	110	-	-	-	355
Alaska.....	---	---	59	10	---	2	8	---	---	-	---
Hawaii.....	6	15	45	30	-	-	2	-	-	-	10
Puerto Rico.....	-	67	503	589	2	7	1	-	-	-	1

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
MARCH 4, 1967 AND MARCH 5, 1966 (9th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967
UNITED STATES...	14,662	1	26	1	19	6	47	-	6	100	690
NEW ENGLAND.....	1,939	-	-	-	-	-	-	-	-	4	9
Maine.....	98	-	-	-	-	-	-	-	-	-	2
New Hampshire.....	1	-	-	-	-	-	-	-	-	1	2
Vermont.....	98	-	-	-	-	-	-	-	-	3	5
Massachusetts.....	345	-	-	-	-	-	-	-	-	-	-
Rhode Island.....	118	-	-	-	-	-	-	-	-	-	-
Connecticut.....	1,279	-	-	-	-	-	-	-	-	-	-
MIDDLE ATLANTIC.....	941	-	3	-	-	1	8	-	-	1	16
New York City.....	28	-	2	-	-	1	6	-	-	-	-
New York, Up-State.	725	-	-	-	-	-	1	-	-	1	10
New Jersey.....	NN	-	-	-	-	-	-	-	-	-	-
Pennsylvania.....	188	-	1	-	-	-	1	-	-	-	6
EAST NORTH CENTRAL...	1,507	-	1	1	3	1	3	-	-	10	50
Ohio.....	227	-	-	-	-	-	1	-	-	1	22
Indiana.....	298	-	-	1	1	-	-	-	-	3	13
Illinois.....	264	-	1	-	2	-	-	-	-	3	8
Michigan.....	404	-	-	-	-	-	1	-	-	-	1
Wisconsin.....	314	-	-	-	-	1	1	-	-	3	6
WEST NORTH CENTRAL...	797	-	1	-	6	2	2	-	-	10	171
Minnesota.....	12	-	1	-	-	-	-	-	-	2	41
Iowa.....	350	-	-	-	-	2	2	-	-	1	17
Missouri.....	41	-	-	-	3	-	-	-	-	1	39
North Dakota.....	289	-	-	-	-	-	-	-	-	4	35
South Dakota.....	21	-	-	-	-	-	-	-	-	2	20
Nebraska.....	5	-	-	-	-	-	-	-	-	-	7
Kansas.....	79	-	-	-	3	-	-	-	-	-	12
SOUTH ATLANTIC.....	1,183	-	4	-	3	-	4	-	4	20	86
Delaware.....	24	-	-	-	-	-	-	-	-	-	-
Maryland.....	286	-	-	-	-	-	-	-	-	-	-
Dist. of Columbia..	9	-	-	-	-	-	-	-	-	-	-
Virginia.....	307	-	2	-	-	-	1	-	-	10	43
West Virginia.....	302	-	-	-	-	-	1	-	-	3	15
North Carolina.....	39	-	1	-	-	-	1	-	3	-	1
South Carolina.....	13	-	-	-	2	-	-	-	-	-	-
Georgia.....	12	-	-	-	1	-	-	-	1	2	15
Florida.....	191	-	1	-	-	-	1	-	-	5	12
EAST SOUTH CENTRAL...	2,103	1	8	-	2	-	4	-	1	35	180
Kentucky.....	305	-	-	-	-	-	-	-	-	1	37
Tennessee.....	1,645	-	4	-	2	-	1	-	1	31	137
Alabama.....	121	-	3	-	-	-	3	-	-	3	5
Mississippi.....	32	1	1	-	-	-	-	-	-	-	1
WEST SOUTH CENTRAL...	1,309	-	3	-	1	-	14	-	-	10	121
Arkansas.....	8	-	-	-	-	-	2	-	-	1	28
Louisiana.....	1	-	-	-	-	-	11	-	-	3	12
Oklahoma.....	84	-	-	-	1	-	-	-	-	1	22
Texas.....	1,216	-	3	-	-	-	1	-	-	5	59
MOUNTAIN.....	2,873	-	-	-	4	-	2	-	-	2	15
Montana.....	125	-	-	-	1	-	1	-	-	-	-
Idaho.....	131	-	-	-	-	-	-	-	-	-	-
Wyoming.....	83	-	-	-	-	-	-	-	-	-	-
Colorado.....	1,975	-	-	-	1	-	-	-	-	-	-
New Mexico.....	172	-	-	-	-	-	-	-	-	-	5
Arizona.....	167	-	-	-	-	-	1	-	-	2	10
Utah.....	220	-	-	-	2	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	2,010	-	6	-	-	2	10	-	1	8	42
Washington.....	658	-	-	-	-	-	-	-	-	-	-
Oregon.....	79	-	-	-	-	-	-	-	-	-	-
California.....	1,162	-	5	-	-	1	9	-	1	8	42
Alaska.....	---	---	-	---	-	---	-	---	-	---	-
Hawaii.....	111	-	1	-	-	1	1	-	-	-	-
Puerto Rico.....	2	1	1	-	-	-	3	-	-	1	4

Week No. 9

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MARCH 4, 1967

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
NEW ENGLAND:	832	507	43	41
Boston, Mass.	299	166	21	18
Bridgeport, Conn.	36	20	4	6
Cambridge, Mass.	34	18	-	-
Fall River, Mass.	27	19	2	1
Hartford, Conn.	69	38	-	2
Lowell, Mass.	29	23	-	1
Lynn, Mass.	24	15	2	-
New Bedford, Mass.	20	15	1	1
New Haven, Conn.	59	35	1	-
Providence, R. I.	71	42	-	4
Somerville, Mass.	20	14	1	-
Springfield, Mass.	46	29	7	2
Waterbury, Conn.	30	23	-	1
Worcester, Mass.	68	50	4	5
MIDDLE ATLANTIC:	3,462	2,089	157	132
Albany, N. Y.	48	29	1	4
Allentown, Pa.	46	34	3	2
Buffalo, N. Y.	140	87	6	7
Camden, N. J.	50	28	7	1
Elizabeth, N. J.	37	23	2	-
Erie, Pa.	34	17	4	-
Jersey City, N. J.	75	46	5	-
Newark, N. J.	105	57	5	4
New York City, N. Y.	1,706	1,027	67	64
Paterson, N. J.	38	24	2	2
Philadelphia, Pa.	539	330	15	16
Pittsburgh, Pa.	241	133	5	17
Reading, Pa.	39	25	1	-
Rochester, N. Y.	122	86	17	3
Schenectady, N. Y.	25	17	2	1
Scranton, Pa.	49	31	2	3
Syracuse, N. Y.	58	31	6	2
Trenton, N. J.	47	29	2	1
Utica, N. Y.	28	13	3	4
Yonkers, N. Y.	35	22	2	1
EAST NORTH CENTRAL:	2,852	1,630	96	153
Akron, Ohio	81	51	1	7
Canton, Ohio	48	34	3	3
Chicago, Ill.	766	398	24	40
Cincinnati, Ohio	191	121	4	7
Cleveland, Ohio	233	137	5	3
Columbus, Ohio	138	82	5	7
Dayton, Ohio	94	54	4	5
Detroit, Mich.	341	173	7	21
Evansville, Ind.	49	35	-	2
Flint, Mich.	41	17	1	3
Fort Wayne, Ind.	58	38	4	4
Gary, Ind.	95	54	11	8
Grand Rapids, Mich.	58	36	4	3
Indianapolis, Ind.	159	85	4	9
Madison, Wis.	34	19	-	2
Milwaukee, Wis.	138	89	1	9
Peoria, Ill.	33	23	2	2
Rockford, Ill.	31	21	3	1
South Bend, Ind.	34	21	4	1
Toledo, Ohio	150	98	6	8
Youngstown, Ohio	80	44	3	8
WEST NORTH CENTRAL:	954	585	33	64
Des Moines, Iowa	80	49	2	6
Duluth, Minn.	35	25	-	2
Kansas City, Kans.	27	10	2	6
Kansas City, Mo.	161	107	5	5
Lincoln, Nebr.	20	15	-	1
Minneapolis, Minn.	143	96	10	7
Omaha, Nebr.	89	59	1	3
St. Louis, Mo.	272	152	8	23
St. Paul, Minn.*	81	53	2	5
Wichita, Kans.	46	19	3	6

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
SOUTH ATLANTIC:	1,307	673	57	69
Atlanta, Ga.	151	71	4	11
Baltimore, Md.	311	162	7	13
Charlotte, N. C.	73	23	5	8
Jacksonville, Fla.	57	20	5	3
Miami, Fla.	91	53	2	4
Norfolk, Va.	60	29	5	4
Richmond, Va.	88	52	4	3
Savannah, Ga.	44	20	-	1
St. Petersburg, Fla.	95	77	6	-
Tampa, Fla.	80	38	7	4
Washington, D. C.	206	96	12	16
Wilmington, Del.	51	32	-	2
EAST SOUTH CENTRAL:	592	367	27	18
Birmingham, Ala.	95	53	1	1
Chattanooga, Tenn.	50	38	3	-
Knoxville, Tenn.	33	24	2	-
Louisville, Ky.	119	80	9	2
Memphis, Tenn.	122	75	3	4
Mobile, Ala.	45	22	-	3
Montgomery, Ala.	37	26	8	1
Nashville, Tenn.	91	49	1	7
WEST SOUTH CENTRAL:	1,161	610	67	67
Austin, Tex.	31	19	3	1
Baton Rouge, La.	33	13	1	2
Corpus Christi, Tex.	27	13	-	3
Dallas, Tex.	159	88	2	8
El Paso, Tex.	35	16	5	2
Fort Worth, Tex.	90	54	4	2
Houston, Tex.	230	114	10	13
Little Rock, Ark.	53	27	6	1
New Orleans, La.	152	70	5	19
Oklahoma City, Okla.	86	48	2	3
San Antonio, Tex.	135	72	12	9
Shreveport, La.	57	30	9	2
Tulsa, Okla.	73	46	8	2
MOUNTAIN:	523	319	36	28
Albuquerque, N. Mex.	63	34	9	6
Colorado Springs, Colo.	35	22	3	2
Denver, Colo.	139	76	4	11
Ogden, Utah	18	14	4	1
Phoenix, Ariz.	124	80	7	2
Pueblo, Colo.	30	20	4	2
Salt Lake City, Utah	56	41	2	1
Tucson, Ariz.	58	32	3	3
PACIFIC:	1,843	1,148	36	80
Berkeley, Calif.	34	20	3	2
Fresno, Calif.	38	23	-	-
Glendale, Calif.	37	34	-	-
Honolulu, Hawaii	48	25	3	5
Long Beach, Calif.	100	53	-	7
Los Angeles, Calif.	611	385	18	32
Oakland, Calif.	89	56	1	2
Pasadena, Calif.	39	31	-	-
Portland, Oreg.	145	93	1	7
Sacramento, Calif.	62	42	3	1
San Diego, Calif.	91	49	2	6
San Francisco, Calif.	200	115	1	8
San Jose, Calif.	46	30	1	2
Seattle, Wash.	204	129	2	6
Spokane, Wash.	55	35	-	2
Tacoma, Wash.	44	28	1	-
Total	13,526	7,928	552	652

*Estimate - based on average percent of divisional total.

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages	118,444
All Causes, Age 65 and over	68,445
Pneumonia and Influenza, All Ages	4,857
All Causes, Under 1 Year of Age	5,986

UNIVERSITY OF FLORIDA
3 1262 08864 2201

INTERNATIONAL NOTES
QUARANTINE MEASURES

Immunization Information for International Travel
1965-66 edition – Public Health Service Publication No. 384

The following information should be added to the list of Yellow Fever Vaccination Centers in Section 6:

Page 74

City: Gainesville, Florida

Center: Alachua County Health Department

Clinic Hours: Thursday, 1 p.m.

Fee: Yes

Page 78

City: Duluth, Minnesota

Center: The Duluth Clinic

Clinic Hours: Friday, 11 a.m. to 12 noon

Fee: Yes

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER — DAVID J. SENCER, M.D.
CHIEF, EPIDEMIOLOGY PROGRAM — A.D. LANGMUIR, M.D.
ACTING CHIEF, STATISTICS SECTION — IDA L. SHERMAN, M.S.

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
NATIONAL COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL
NATIONAL
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

OFFICIAL BUSINESS

POSTAGE AND FEES PAID
U. S. DEPARTMENT OF H. E. W.

UNIV. OF FL LIB.
DOCUMENTS DEPT.
U.S. DEPOSITORY